

**Attachment C.VI.d.
to Family Care Waiver
Application Pre-Print**

**Section C:
Quality of Care and Services**

**Description of
Performance Measure Data**

Description of Performance Measure Data – Family Care Quality Indicators List by Focus Area and Outcome

Group 1

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. ¹ data	Survey	Audit / Review	Type(s) ² of Data	Numerator / Denominator Measure Time Frame ³ & Population ⁴	Data Elements
Self-determination & Rights. Rights/Respect: • People are treated fairly. • People know what their rights are. • People exercise their rights free from coercion or retribution. • People have privacy. • People are treated with respect and dignity.	1. % of members who report being treated fairly.		X		Member survey		
	2. % of members who voluntarily disenroll because they are dissatisfied with the CMO.	X			HSRS database	N: # members who disenroll voluntarily (HSRS field 24 – SPC 802, sub-codes 51, 52) / D: all members who disenroll in the CMO (total members with a code in field 24 – SPC 802 with any disenrollment sub-code)	Client demographics, ⁵ program eligibility date, episode end date, CMO disenrollment SPC
	3. % of members who report that they feel free to voice concerns to their case manager.		X		Member survey		
	4. % of members who have completed an advance directive (i.e., a living will or designated a durable power of attorney for health care).	X			HSRS database Member service record – assessment data ⁶ rights & responsibilities	N: # members who have completed an advance directive / D: all members who enroll in the CMO	Client demographics, program eligibility date, results of CMO assessment for rights and decision making, assessment date
	5. % of members who report being satisfied with the amount of privacy they have.		X	X	Member survey Data gathered during participant review or adm. audit		
	6. % of personal care workers (PCW) added to CMO provider network to accommodate members’ choice of PCW.	X	X	X	HSRS database Member survey Data gathered during participant review or adm. audit	Use HSRS database to identify the denominator only. Conduct member survey or audits to determine the level of choice members are afforded.	Client demographics, program eligibility date, SPC code for supportive home care worker

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	7. % of people reporting that they have access to the supports they need to maintain their independence.		X		Member survey		
	8. % of members who say they know how to (or can) contact someone to help them exercise their rights		X		Member survey		
	9. % of members who report they are listened to and get an appropriate response when they voice concerns.		X		Member survey		
	10. % of members enrolled in or choosing some level of Self-Directed Supports.	X	X		HSRS database	N: # of members with SPC 609 Consumer Directed Supports/ D: total # of members enrolled	Client demographics, program eligibility date, SPC code
	11. % of members who report that they are listened to and are treated as important.		X		Member survey		
	12. % of members who report they are asked how they want to be addressed.		X		Member survey		

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Choice: <ul style="list-style-type: none">• People choose their services.• People participate actively in planning their services and supports.• People choose their daily routine.	13. % of members who report that their wishes and preferences regarding their care, services and support staff or providers are respected.		X		Member survey		
	14. % members with no informal (unpaid) support use on their most recent functional screen who were using at least one informal support on their previous functional screen.	X		X	FS database HSRS database Data gathered during participant review or adm. audit	N: members who, on their most recent functional screen, indicated that they have no informal (unpaid) support source / D: members who, on their previous functional screen, indicated that they had at least one informal (unpaid) support source (includes only members with a previous and most recent assessment on file).	Client demographics, program eligibility date, functional screen Module II: ADLs/IADLs current help is unpaid
	15. % of members who report that they choose how to spend their free time.		X		Member survey		
	16. % of members who report that they have the support they need to access to the outdoors.		X		Member survey		
	17. % of members who report they have access to common living areas.		X		Member survey		
	18. % of people who report that they choose their times to wake up, have meals, go to bed, etc.		X		Member survey		

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	19. a. % of people who want to work and are working by sex and age range ⁷ , b. % of people who worked in these settings by age range: 1. sheltered workshop, 2. prevocational work sites, 3. supported employment setting (What about employed members with no supports?)	X	X	X	HSRS database Member service record – assessment data for vocational activities Member survey Data gathered during participant review or adm. audit	a. N: # of members who are working by sex and age range / D: # of members who indicated on their assessment that they want to work by sex and age range b. N: # of members who are employed by category – SPC 108, 615, ?sheltered workshop by sex and age range / D: total members who are working by sex and age range	Client demographics, gender, program eligibility date, SPC 108 or 615 (work status), hire date, termination date, paid vs. unpaid work, hourly wage earned, hours per week worked
	20. % of members who are doing volunteer work by sex and age ranges.	X	X	X	HSRS database Member service record – assessment data for vocational activities Data gathered during participant review or adm. audit	N: # of members who are participating in a non-paid work experience by sex and age range / D: # of members who on their most recent assessment indicated that they want to explore volunteer opportunities	Client demographics, gender, program eligibility date, assessment data – volunteer activities
	21. % of members who are satisfied with their employment or are making satisfactory progress toward their employment goals.		X		Member survey		

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	22. % of direct service providers [*] who have consumers and/or family members on their boards or advisory committees. ^{**}	X		X	CMO provider database Data gathered during participant review or adm. Audit	1 st N: direct service providers that have one or more consumers on their governing board / 2 nd N: direct service providers that have one or more family members of consumers on their governing board / 3 rd N: direct service providers that have one or more consumers on an advisory committee / 4 th N: direct service providers that have one or more family members of consumers on an advisory committee / D: total number of direct service providers	Summary data only
Quality of Life: • People are satisfied with the supports they receive. • People are satisfied with services.	23. % of members who report that the CMO is able to perform the service as outlined in the care plan (the interviewer should have the care plan along with when doing the interview).		X		Member survey		
	24. % of members who report that they are able to use their environment to the best of their ability and according to their own choices.		X		Member survey		

* This is a NASDDDS Core Indicators Project measure. They define a direct service provider as a contracted agency that serves more than 10 people.

** Point in time measurement e.g., as of December 31st of the reporting year.

Group 2

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. data ¹	Survey	Audit / Review	Type(s) ² of Data	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
Community Integration & Social Roles Community Inclusion: • People choose where and with whom they live. • People participate in the life of the community. • People join in community activities outside of their residential living arrangement.	25. % of members who have contact with typical members of his/her community in typical community settings.*		X	X	Member survey Data gathered during participant review or adm. Audit		
	26. % of members who relocated into the community from an institutional setting.	X					
	27. Living arrangements used by members by age and sex by type. ** a. % living in natural settings (i.e., rented apartment, own home) b. % living in regulated community settings (e.g., AFHs, CBRFs) c. % living in institutional settings (e.g., ICF/MR, nursing facility) d. % of members who have no permanent address	X			FS database HSRS database	a. N: # of members by sex and age who indicate that their usual residence is their own or someone else's home or apartment (Field 12, options 1., 2., 3., 4., 5., 6.) / D: total screened b. N: # of members by sex and age who indicate that their usual residence is a state regulated living arrangement (Field 12, options 7., 8., 9., 10., 11., 12., 13.) / D: total screened c. N: # of members by sex and age who indicate that their usual residence is a health care facility/institution (Field 12, options 14., 15., 16., 17., 18., 19.) / total screened d. # of members by sex and age who indicate that they have no permanent address (Field 12, option 20.) / total screened	Client demographics, program eligibility date, functional screen Field 12

* Program Review Outcome/Activity Report indicator, DSL, BDDS.

** Point in time measurement.

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. ¹ data	Survey	Audit / Review	Type(s) ² of Data	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
	28. % of members who report that they wish to stay in their current living arrangement.	X			FS database HSRS database	N: # of members by age and sex who indicate that they wish to stay at their current residence. (FS Field 13., option 1.) / D: total screened	Client demographics, program eligibility date, functional screen Field 13
	29. % of members who report that they have a choice of living arrangement.		X		Member survey		
	30. % of members who report having adequate transportation.		X	X	Member survey Data gathered during participant review or adm. Audit		
	a. % who report that programmatic, service related transportation services are adequate						
	b. % who report that transportation to and from both individual and group leisure and social activities is adequate						
Supporting Families: • Families provide support for family members who need LTC. • People maintain relationships with family members.	31. % of family members with an adult family member who has LTC needs living in the home who report satisfaction with the support they receive from the CMO.		X		HSRS data base Family survey	Will need to identify the denominator or the universe for the survey sample.	
	32. % of members who report that they are able to maintain relationships with their families and friends when they want to.		X		Member survey		

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
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Relationships: <ul style="list-style-type: none">• People remain connected to their informal support network.• People have the choice and opportunity to develop personal relationships.	33. % of informal supports, who are the primary caregiver, who state that they are getting the help that they need (includes respite, home care, education, and emergency back-up services).		X		Informal support survey	Will need to identify the denominator or the universe for the survey sample.	
	34. % of members who report that their contact with their informal support network is as they want it to be.		X		Member survey		

Group 3

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
Health & Safety Personal Security: • People are free from abuse, and neglect. • People are safe.	35. % of members who report that they can safely do what they want to do in their own home and in the community.		X		Member survey		
	36. % of members who have had an injury that <i>required</i> professional medical treatment caused by a fall. ^{*§}	X		X	HSRS database FS database Data gathered during participant review or adm. Audit	N: # of members who have had one or more falls in the past 90 days which resulted in injury and/or health care services (FS Field Falls option 1. or 2.) / D: total screened (<i>In order to determine whether or not the fall resulted in an injury that required professional medical treatment a review/audit should be conducted</i>)	Client demographics, program eligibility date, results of fall question on most recent functional screen, FS date
	37. % of members who have a person identified to act in his/ her best interest if he/she becomes incapacitated. ^{**}	X		X	HSRS database FS database Guardian survey	N: # of members who indicate that they have a guardian of person on their most recent FS (Field 14A. option 1 / D: total screened	Client demographics, program eligibility date, name of advocate
	38. % of safety problems that qualify as a “critical incidence” that are due to “failure to supervise” ^{§§}			X	Data gathered during participant review or adm. audit		

* The NASDDDS Core Indicators Project's indicator for safety is “The incidence of major or serious injuries (i.e., that require professional medical treatment) among members **in the course of service provision**. If injuries could be treated by a layperson trained in first aid, it is not considered major, even if a medical professional provides the treatment.”

§ The nursing home MDS' indicator looks at falls within the most recent assessment (last 30 days). Their indicator is not risk adjusted and the denominator is all residents on the most recent assessment.

** Point in time measurement.

§§ Currently, critical incidence reports are not required for all Family Care populations.

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
Access: <ul style="list-style-type: none">• People secure needed health and support services.• People are informed about available resources.• People are encouraged to maintain connections with their primary care providers.	39. % of members who report that the locations of certain specific health services and supports are convenient (e.g., day centers, congregate meals, transportation, etc).		X		Member survey		
	40. % of members who have a regular doctor or a regular source of primary care by age and sex.	X	X		HSRS database MMIS claims/encounter database	N: # of members who have had at least one visit to a physician in the last year* (MMIS claim/encounter that meets specific CPT-4 or ICD-9 code criteria / D: all members by age and sex	Client demographics, program eligibility date, use appropriate CPT-4 or ICD-9 codes, date-of-service
Relationships with Providers: <ul style="list-style-type: none">• Providers are sensitive to consumers' preferences.• People have provider relationships	41. % of members who report that providers/staff are friendly and courteous.		X		Member survey		

¹ This indicator may need to be adjusted by number of months continuously enrolled in the CMO during the reporting year.

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
Prevention: <ul style="list-style-type: none">• People receive health services that prevent morbidity and premature death.• Medications are adm. safely & appropriately	42. % of members who report that they are satisfied with the case management teams response to health and safety concerns.		X		Member survey		
	43. % of members who say that they know what medication side effects to watch for.		X		Member survey		
	44. % of members who are taking 9 or more different medications on the most recent assessment. (This includes prescription and over the counter medications.)**	X			HSRS database FS database* MMIS pharmacy database? (<i>Doesn't capture OTCs</i>)	N: # of members with total # of medications taken between 6-9 (FS Field Number of Medications: option 2) / D: total screened	Client demographics, program eligibility date, results of # of medications question on most recent functional screen, FS date
	45. % of members who have had a visit to a primary care physician in the last year.		X		Member survey		
	46. % of members how report that they were offered an opportunity to receive an influenza vaccine in the last year.		X		Member survey		

** This is a MDS Nursing Facility Quality Indicator. It counts the number of residents who received 9 or more different medications on the most recent assessment. It is not risk adjusted and the denominator is all residents on the most recent assessment.

* The Functional Screen counts the number of different medications (i.e., prescriptions and over-the-counter medication, including eye drops taken regularly or occasionally in the last month). The count breakdown is zero, 1-5, 6-12, 13 or more.

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		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
Service and Support Coordination: • People experience continuity and security. • People are confident that the system is reliable and predictable.	47. % of direct contact staff* who separated** during the reporting period.	X			CMO provider data base <i>(This information may be collected at the time of contracting and annually thereafter.)</i>	N: aggregated score for turnover rate for direct contact staff (reported by CMO and sub-contracted providers) D: total number of direct contact staff employed (do not count the number of positions, e.g., if three different persons were employed in a particular position during the year, all three would be counted as part of the total number of direct contact staff).	
	48. % of members, family members and/or guardians who report that they know who to call in the CMO to either provide or obtain information about the member.		X		Member, family member or guardian survey		
	49. % of members who report that the CMO responds promptly to their service needs.		X		Member survey		

* This is a NASDDDS Core Indicators Project indicator. Direct contact staff are defined as employees who spend at least 50% of their time providing hands on, face-to-face contact with consumers. It excludes psychologists, nurses, and others whose primary job duties are not the provision of direct care, as well as managers/supervisors who are responsible for the supervision of staff.

** Separation is defined as voluntary or involuntary movement out of an organization (i.e., it includes resignations as well as terminations); separations do not include transfers or promotions within an organization.

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		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
Improving Outcomes of Care[∞]: <ul style="list-style-type: none">• People have the best possible health.• People receive the health interventions they need to restore lost capacity, provide stabilization, or minimize further loss of function.	50. % of members who are satisfied with their progress in terms of growth, change, and recovery.		X		Member survey		
	51. % of members who have an ER visit for ambulatory care sensitive conditions.*	X			HSRS database MMIS database	N: # ER visits that do not result in an inpatient stay (use appropriate revenue codes and CPT-4 codes to identify ER visits in conjunction with ICD-9 diagnoses codes) D: HSRS data to obtain the denominator for the measure (i.e., total # of unduplicated enrollees)	Client demographics, program eligibility date, MMIS claim/encounter data for ER services
	52. % of members who have a hospital stay that may have been preventable.**	X		X	HSRS database MMIS database Data gathered during participant review or adm. audit	N: # of inpatient hospital discharges (use appropriate DRGs or ICD-9 codes to identify potentially preventable inpatient stays) D: HSRS data to obtain the denominator for the measure (i.e., total # of unduplicated enrollees)	
	53. % of members with prolonged, unrelieved pain, depression, fatigue.		X		Member survey		
	54. % of members with symptoms of depression on their most recent assessment. [∞]	X			HSRS database Member service record – assessment data for emotional status	N: # of members who have a sad mood and have symptoms of depression using a standardized depression screen / D: all members on their most recent assessment	Client demographics, program eligibility date, results of CMO assessment for behavioral/emotional status

[∞] Note: this focus area was not reviewed by group 3 on March 10, 99. Julie Horner estimated how the indicators would be monitored if they remain in the indicator set.

* Conditions for which hospitalizations can be largely prevented with consistent, available ambulatory care and adherence to treatment/self-care protocols: angina, asthma, bacterial pneumonia, cellulitis, chronic obstructive pulmonary disease (COPD), congestive heart failure, convulsions or seizures, dehydration, diabetes, failure to thrive, gastroenteritis, hypertension, hyoglycemia, immunization related conditions, iron deficiency anemia, kidney/urinary infection, nutritional deficiencies, severe ear, nose and throat infections, and tuberculosis.

** A hospital stay that may have been preventable is the term used to describe inpatient hospital admissions for the ambulatory care sensitive conditions described above.

[∞] This indicator is from the Nursing Facility Quality Indicator set and is based on the MDS assessment.

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		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
	55. % of members who are cognitively impaired on their most recent functional screen and were not cognitively impaired on the previous screen. [∞] Cognitive impairment is defined as having impaired decision-making abilities and impaired short-term memory problems.	X			HSRS database FS database	N: # of members who are cognitively impaired on their most recent assessment (FS Module IV. Field D. item 2 or 3, <u>and</u> Field C. item 1, 2, 3 ?does orientation/confusion assess memory loss?) / D: members who were not cognitively impaired on their previous functional screen (not risk adjusted)	Client demographics, program eligibility date, previous and current FS date, specified FS items
	56. % of members who are determined to be incontinent on their most recent functional screen (bowel <u>or</u> bladder) and were not on the previous assessment excluding members who were comatose, had indwelling catheters, or ostomies at the most recent assessment. [∞]	X			HSRS database FS database	N: # of members who are determined to be incontinent or frequently incontinent on their most recent functional screen (FS Field Incontinence item 1, 2, or 3 & average frequency 3 / D: total members assessed excluding members who are comatose, have indwelling catheters, or ostomies at their most recent assessment (FS Module III. 13., 14., 15. & Module IV. C. item 4)	Client demographics, program eligibility date, previous and current FS date, specified FS items
	57. % of members with occasional or frequent bladder or bowel incontinence without a toileting plan. [∞]			X	Data gathered during participant review or adm. audit		

Focus Area & Outcomes	Quality Indicators	Monitoring Method			Performance Measure Specifications		
		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
	58. % of members who on their most recent functional screen have had a urinary tract infection in the last 30 days. [∞]	X			HSRS database FS database	N: # of members who are identified on their most recent functional screen as having had a urinary tract infection within the last 30 days (FS Module III, E., item 9) D: all members on their most recent functional screen (not risk adjusted)	Client demographics, program eligibility date, previous and current FS date, specified FS items
	59. % of members noted with a weight loss on the most recent assessment (5% or more in 30 days or 10% or more in the last 6 months) compared to their previous assessment. [∞]	X			Vote to eliminate as data is not available unless we look at hospitalizations or clinic visits for malnutrition		
	60. % of members noted to have feeding tubes on their most recent assessment. [∞]	X			HSRS database FS database	N: # of members noted to have a nasogastric feeding time on their most recent functional screen (FS Module III, item 11.) D: all members on their most recent functional screen (not risk adjusted)	Client demographics, program eligibility date, previous and current FS date, specified FS items
	61. % of members who have been assessed as having dehydration on their most recent assessment. [∞]	X			Vote to eliminate as data is not available unless we look at clinic visits for dehydration		

[∞] This indicator is from the Nursing Facility Quality Indicator set and is based on MDS assessment data.

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		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
	62. % of members who are bedfast on their most recent assessment. [∞]	X			HSRS database FS database	N: # of members who have been determined to need at least two people to help with transfers from one surface to another (FS Module II, F. item 4) D: all members on their most recent functional screen	Client demographics, program eligibility date, previous and current FS date, specified FS items
	63. % of members who have had at least a one level decline in two or more ADLs/IADLs since the last functional screen. [∞]	X			HSRS database FS database	N: # of members who have had a one level decline in two or more ADLs/IADLs (FS Module II, A-J, decline from 0 to 1, 1 to 2, or 2 to 3) D: all members on their most recent functional screen excluding members who were determined to be totally dependent (level 3) on the previous functional screen (not risk adjusted)	Client demographics, program eligibility date, previous and current FS date, specified FS items
	64. % of members who have had at least two levels of decline in one or more ADLs/IADLs since the last functional screen. [∞]	X			HSRS database FS database	N: # of members who have had at least two levels of decline in one or more ADLs/IADLs (FS Module II, A-J, decline from 0 to 2, 1 to 3) D: all members on their most recent functional screen excluding members who were determined to be totally dependent (level 3) on the previous functional screen (not risk adjusted)	Client demographics, program eligibility date, previous and current FS date, specified FS items
	65. % of members with visual impairment, hearing impairments or poor expression or understanding, without corrective action. [∞]	X		X	HSRS database FS database Data gathered during participant review or adm. audit	Use FS database to identify individuals who are blind or deaf or have a communicative impairment (FS Module III, I. Item 1, 2, 3 and/or Module IV. A. items 1-4)	Client demographics, program eligibility date, previous and current FS date

[∞] This indicator is from the Nursing Facility Quality Indicator set and is based on MDS assessment data.

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		Adm. data ¹	Survey	Audit / Review	Type(s) of Data ²	Numerator / Denominator Measure Timeframe ³ & Population ⁴	Data Elements
	66. % of members who have been assessed with a stage 3-4 pressure ulcer(s) on their most recent functional screen. [∞]	X			HSRS database FS database	N: members who have a stage 3 or 4 pressure ulcer on their most recent functional screen (FS Module III, 5.) D: all members on their most recent functional screen (risk adjusted so that members who are at low risk are investigated, (high risk members impaired for bed mobility or transfer, are comatose, are malnourished, or have an end stage disease on the most recent functional screen)	

[∞] This indicator is from the Nursing Facility Quality Indicator set and is based on MDS assessment data.

End Notes:

¹ CMO administrative data systems include HSRS and other internal data processing systems such as claims processing, enrollment tracking, etc. Other administrative data systems include the functional screen database, the Medicaid Management Information System (MMIS), MDS data submitted to DHFS, etc.

² Types of data are functional screen data, enrollment & demographic data, HSRS service data, member service records, provider data base, assessment data, nursing home MDS data, MMIS claims data, and other types such as appointment books and logs.

³ Assume the time frame is the reporting year unless otherwise specified and that in all cases an unduplicated count of members enrolled in the CMO is requested.

⁴ Assume that all indicators are stratified by target group.

⁵ Client demographics include these data elements: Client LN, FN, MI, Medicaid number, SSN, client ID, DOB, special project status, county

⁶ See Comprehensive Assessment Workgroup paper: Minimum Standards for CMO Assessment December 7 1998

⁷ For all indicators age ranges are 18-64, 65-74, 75-84, 85+